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A Message from the Director

On behalf of the staff of the Library, I am pleased to extend season's greetings and best wishes for the new year. At a time when medical libraries at all levels are faced with stringent budgets, it is more important than ever that those charged with maintaining and improving health communication find new ways to share their resources. I would like to recap for *News* readers a number of highlights of the past 12 months, several of which reflect an emphasis on interinstitutional cooperation.

- The bilateral quid pro quo arrangements between NLM and eight foreign MEDLARS/MEDLINE Centers were successfully renegotiated in 1974. Over the years these arrangements have proved mutually beneficial: the Library receives indexing input for MEDLARS/MEDLINE, and the foreign Centers receive computer tapes and on-line access to the data bases.
- NLM and the National Cancer Institute have signed an interagency agreement to make cancer-related information available on-line over the MEDLINE network. The service is called CANCERLINE.
- NLM's Lister Hill Center, in cooperation with the Health Services Administration, has installed special two-way television equipment in health clinics in several remote Alaska villages to explore the benefits of "telemedicine." The new network uses NASA's ATS-6 satellite, orbited in May 1974, to allow centrally located physicians to examine patients presented to them by health aides in the villages.
- CHEMLINE, an on-line data base containing nomenclature and structural elements for a collection of 60,000 compounds, was made available in 1974 as an aid to TOXLINE users. In a related development, TOXLINE was moved from a contractor's computer to NLM's IBM 370/158. This move substantially reduced costs to TOXLINE network users.
- The MEDLINE data base was converted to include all 2300 journals indexed for *Index Medicus* for the current and two preceeding years. Previously, MEDLINE contained references from only 1000 journals.
- The Medical Library Assistance Act was extended for two years. Under the Act, NLM provides assistance to the Nation's health science libraries in the areas of training, research, resources, special scientific projects, Regional Medical Libraries, and publications.
- A program of grant support was begun to aid training activities that promote the integration of computer technology into all phases of clinical medicine—teaching, practice, and research.
- Several special publications were produced by the Library, in addition to its regular bibliographies and catalogs: *International Bibliography of the History of Legal Medicine, Lister Hill Center Report to Congress, Bibliography on Zoonoses,* and *Medical Reference Works, Supplement 2* (with the Medical Library Association).

It is apparent, even from this partial list of highlights, that many of NLM's programs and services depend heavily on the cooperation of other agencies and libraries. I would like to take this opportunity to thank both the staffs of these institutions and the staff of the National Library of Medicine for their support over the past year.

Martin M. Cummings

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NATIONAL LIBRARY OF MEDICINE
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Conference on Economics of Biomedical Publications

On October 22 and 23, the Library hosted a special conference on the Economics of Biomedical Publications. This conference was an effort on the part of NIH and NLM to encourage a thoughtful examination of the economic issues facing the Federal, private, and commercial biomedical publishing industry.

Representatives of the 100 journals in *Abridged Index Medicus* were invited to participate in the conference, with the addition of several basic journals in biology, physiology, biochemistry, and chemistry. The conference was attended by over 50 editors and publishers, representing professional societies, non-profit, and profit organizations.

The principal concern of the conference was to consider the continued availability of published information to the user. A secondary consideration was the best mechanism to achieve this objective—whether by using new technologies, new modalities, increasing the cost effectiveness of the journal production system; or a combination of all of these.

Major topics of the conference were 1) review of biomedical publishing; 2) economic considerations from the point of view of a managing editor, scientific editor, and librarian; 3) new publication technologies, and 4) relative responsibilities of professional societies, publishers and the Federal sector. Two workshops examined sources of revenue from publishing operations, and support mechanisms.

The conference initiated a dialogue among the various elements of biomedical publishing, including not only the compatible but the competitive sectors. The issues examined included proliferation of specialty journals, rising publication costs, the equity of page charges, copyright, journal management, the need for innovation in journal publication, and who should bear the financial responsibility for the communication of research results.

It became clear that there is a paucity of data making a factual assessment of the economics of biomedical publishing currently impossible. However, it was recognized that there are two realities which must be faced: increased publication costs (especially the cost of paper), and the cutbacks in library budgets affecting their capability for extensive acquisition of the journal literature.

There were three recommendations from the conference. The first was that NIH should continue to support the dissemination of research results as an integral part of its research support efforts. The second was that NLM be encouraged to continue to serve as a forum for workshops and conferences oriented toward specific topics in biomedical communications. At NLM's request, this recommendation also stated that the community to be served have a responsible role in the organization and management of such conferences. The third recommendation was that the Library provide support to assist in the creation of an organization which would be dedicated to the exchange of data and information related to practices and problems in publication of biomedical information.

NIH intends to continue to support the dissemination of research results as an integral part of its research support efforts. With regard to the two recommendations concerning the Library, NLM accepted these recommendations and stated its willingness to be responsive. The biomedical community to be served is expected to take initiative to stimulate appropriate followup action.

The Regional Medical Libraries*—Region IV

Mid-Atlantic Regional Medical Library

by Jackie Rustigian, Coordinator, RML IV

The Mid-Atlantic Region (RML IV) of the Regional Medical Library Network, headquartered at NLM, was created in principle in 1968. It originally comprised Maryland, Virginia, West Virginia, and the District of Columbia. Late in 1968 the North Carolina medical schools requested inclusion in Region IV on the basis of a history of cooperation with other states in the Region, notably Virginia, and a tie with NLM as a resource library.

During the early years, document delivery service and MEDLARS were the primary RML functions supported by NLM. In May 1972 a Regional Task Force was selected to develop a plan for implementing regional activities. Representatives from all major resource libraries in the Region served on this task force, which submitted its final document to the Regional Evaluation Committee in 1973. The ensuing plan for the Mid-Atlantic Region provides for centralized management at RML headquarters but decentralized administration by the Area Libraries (resource libraries) throughout the Region. A six-member Regional Executive Committee consisting of one representative from each of the five Mid-Atlantic states and with the RML Director as Chairman, coordinates the affairs of the Region IV program and functions as liaison between the RML and the Region.

The Mid-Atlantic Region can be described as heterogeneous. Medical and educational facilities abound in the cities of Baltimore, Washington, Richmond, and the Research Triangle Area in North Carolina. By contrast, the eastern portions of Maryland and North Carolina and the Appalachian region of Maryland and West Virginia lack adequate health care facilities and personnel. There are some 500 hospitals in the Region.

In addition to thirteen Area Libraries, several large Federal installations in the Region provide additional resources, especially for research. Over half of the 55 MEDLINE Centers in Region IV are in Federal institutions. MEDLINE consortia are being established among developing medical schools, medical societies, health education schools and programs, and Federal and non-Federal hospitals.

State Activities

A number of health sciences library programs, reflecting the local needs and concerns of the Mid-Atlantic states, demonstrate several different attempts toward cooperation and outreach.

North Carolina and Virginia have had library project funding from the Regional Medical Programs (RMP) in their respective states, which provided training consultation and document delivery services. Both states have developed computer-produced union lists of serials which are updated regularly.

VAMIS (Virginia Area Medical Information Services), once funded through RMP, continues to be supported by the University of Virginia in Charlottesville and Virginia Commonwealth University in Richmond. Although both institutions offer statewide interlibrary loan service, the Charlottesville and Richmond Service Centers are responsible for field service in their respective geographic areas.

The Area Health Education Centers Program for North Carolina is coordinated by the University of North Carolina at Chapel Hill. So far nine Centers have been established, each with a library. UNC, Duke University, and Bowman-Gray School of Medicine provide resource backup to the developing AHECs as well as to other community institutions. AHEC planning is also underway in West Virginia at the Charleston Area Health Education Center. West Virginia University provides guidance and resource backup to this AHEC as well as to the rest of the state.

A recent development in Washington, D.C. has been the formation of a group called DOCHSIN (District of Columbia Health Sciences Information Network), representing the major hospital, medical school, and Federal health agency libraries in the Washington area. To date, DOCHSIN has eight member libraries. Besides sharing interlibrary loans, the group is presently considering plans for cooperative acquisitions, cataloging via OCLC, and a union list of serials. While the three medical schools—George Wash-

* This article is the fourth in a series on the Regional Medical Libraries.

ington, Georgetown, and Howard—provide guidance and backup to other health sciences libraries in Washington, the metropolitan area as a whole looks toward the National Library of Medicine as its main resource.

Libraries in Maryland receive services from the three major medical libraries in Baltimore: the Medical and Chirurgical Faculty of the State of Maryland (Med/Chi), Johns Hopkins University, and the University of Maryland. As a state medical society library, Med/Chi provides physicians throughout Maryland with document delivery, MEDLINE, and reference services. The Maryland Association of Health Sciences Librarians is an active organization and a vital link between the RML and the health sciences library community in that state.

RML Plan

The Plan for Region IV emphasizes active participation by *all* libraries in the Region. Recognizing the potential of the community hospital library, this program intends to foster Basic Units among the more promising hospital libraries in the Region. As a Basic Unit, a library or group of libraries will function as a "resource" library on a local level. The Basic Unit will hold five years of the Region IV Core List of Journals (35 titles), thus assuring a limited degree of local self-sufficiency. The Basic Unit will assist smaller libraries in its area and provide the necessary interface with the Area Library.

The emergence of Basic Units should alleviate the demand on Area Libraries by smaller institutions and allow the Area Libraries to function as backup rather than primary resources. Thus, the Region IV network has four different levels: (1) RML, (2) Area Libraries, (3) Basic Units, and (4) Community Libraries. The primary responsibility of each level is to the next level, with the RML generally responsible for the network as a whole.

The Region IV approach to network development relies heavily on orientation and training to be carried out at all network levels. Self-instructional materials and training programs will support Basic Unit development. Orientations to library and network management will also be given to further the Regional Plan. The RML is administering the development of these educational components and will guide their incorporation into the network development plan.

Plans are underway in some states for financial support to develop Basic Units and, where circumstances warrant, for a limited amount of document delivery service as a supportive component. In areas where there has been little or no previous library field work, preliminary steps are being taken to prepare for Basic Unit development in future years.

The Region IV Plan is adaptable to the varying levels of readiness of the Mid-Atlantic states. Thus, each state may not necessarily be doing the same thing at the same time, but *will* be working toward the same goal in a fashion which suits the needs and priorities of that state. The active participation of each type and size of library in Region IV, based on its ability to participate, is considered the major aim in developing the Mid-Atlantic Regional network.

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